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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |   | Docket Number (Optional)<br>64348(41925)  |                  |
| Application Number<br>10/553,731-Conf. #4727  |   | Filed<br>October 18, 2005                 |                  |
| For <b>NOVEL COMPOUNDS HAVING AN ANTIBACTERIAL ACTIVITY</b>   |   |   |                  |
| Art Unit<br>1626  |   | Examiner<br>R. L. Anderson                |                  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |   |                  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |   |                  |
|   | <u>Fee</u>  | <u>Small Entity Fee</u>                   |                  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130   | \$65                                      | \$ _____         |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490   | \$245                                     | \$ <u>245.00</u> |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110  | \$555                                     | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730  | \$865                                     | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350  | \$1175                                    | \$ _____         |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |   |   |                  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |   |   |                  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |   |   |                  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |   |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> .                 |   |   |                  |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |   |   |                  |
| I am the  | <input type="checkbox"/> applicant/inventor.  |   |                  |
|   | <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |   |                  |
|   | <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,615</u>  |   |                  |
|   | <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |   |                  |
| <u>/Nicholas J. DiCeglie, Jr./</u><br>Signature   |   | <u>January 11, 2010</u><br>Date           |                  |
| <u>Nicholas J. DiCeglie, Jr.</u><br>Typed or printed name   |   | <u>(212) 308-4411</u><br>Telephone Number |                  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |   |                  |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |   |                  |